

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101578,003

FILING DATE

5-3-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
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42		1				
43		1				
44		1				
45		1				
46	1					
47	1					
48	1					
49		1				
50		1				
TOTAL IND.	1		1		1	
TOTAL DEP.		1		1		1
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1		1		1	
TOTAL DEP.		1		1	1	
TOTAL CLAIMS						